BEST AVAILABLE COPY

Application or Docket Number

	PATENT A	PPLICATION Effecti	N FEE DE	RD		74	80	17/14	7445				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			18		3003)		٢	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		В	BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			i∦ min	us 20=	*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			J minus 3 =		*		1	X42=		OR	X84=		
ML	JLTIPLE DEPENI	DENT CLAIM PF	RESENT				}	+140=		ן ו	+280=		
* If	the difference	in column 1 is l	ro, ente	r "0" in c	olumn 2		TOTAL		OR OR	TOTAL			
CLAIMS AS AMENDED - PART II								IOIAL	310	JOR	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALL		OR	SMALL	ENTITY	
ENT A	0 0 0 6 6.	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ARREI	Independent	*	Minus	***	T. C	=		X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
								TOTAL	<u>, </u>		TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								DDIT. FEE	<u> </u>	ع	ADUII. FEE		
DMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER NOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AMENI	Independent	*	Minus	***		=	ľ	X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		1	+280=		
								TOTAL	 	OR	TOTAL	<u> </u>	
									ADDIT. FEE ADDIT. FEE				
	0-	(Column 1) CLAIMS	o, 9*	HIGI	IMN 2) HEST	(Column 3)	Г		ADDI-	ì		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT	, ,	PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
S	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
A Br	Independent	*	Minus	***	T CI ***	=		X42=		OR	X84=		
ال	FIRST PRESE	NTATION OF M	ULTIPLE DE	UEN	II CLAIM			+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL	 	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												<u> </u>	